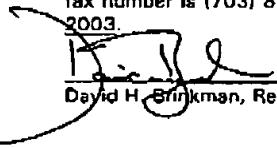


Certificate of Facsimile

I hereby certify that this correspondence is being deposited via facsimile to The Honorable Commissioner in the United States Patent and Trademark Office, Attention: Drew E. Becker whose telephone number is (703) 305-0300 and fax number is (703) 872-9306 on December 22, 2003.



David H. Brinkman, Reg. No. 40,532

12/22/03

Date

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Evans et al.
Serial No.: 09/904,151
Filed: July 12, 2001
Examiner: Becker, Drew E.
Group Art Unit: 1761
Confirmation No.: 2466
Title: **MULTI-TIER ROTARY GRILL**
Atty Docket: GME-137

Cincinnati, OH

December 22, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

Page 1 of 3

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	24	MINUS	24	= 0	x \$9	\$0	x \$18	\$0
INDEP.	4	MINUS	4	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140	\$0		+ \$280	\$0
TOTALS				TOTAL FEE	\$0		TOTAL FEE	\$0

- ★ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ★★ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ★★★ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) X Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input checked="" type="checkbox"/> Extension <u>(months)</u>		
<input checked="" type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00

Please charge my Deposit Account No. 23-3000 in the amount of \$55.00 for the 1 month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.

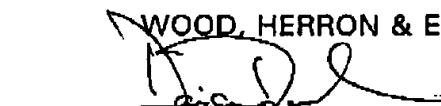
OR

(b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

If any additional fee for claims or extension of time is required, charge Deposit Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.


David H. Brinkman
Reg. No. 40,532

2700 Carew Tower
441 Vine Street
Cincinnati, Ohio 45202
(513) 241-2324 - Voice
(513) 421-7269 - Facsimile